



State of Alabama
Alcoholic Beverage Control Board
Enforcement Division
Pre-Application Packet
Alcoholic Beverages, Tobacco, Ephedrine/Pseudoephedrine
THIS IS NOT AN APPLICATION



BACKGROUND CHECKS

THEY ARE **REQUIRED** FROM THE ALABAMA BUREAU OF INVESTIGATION (ABI) AND THE FBI CJIS DIVISION ON ALL APPLICANTS, PARTNERS, MEMBERS, OFFICERS, AND ANYONE WITH A PROFIT INTEREST IN THE **RETAIL ESTABLISHMENT TO BE LICENSED**. HOWEVER, IF THE APPLICANT IS A CORPORATION THAT IS PUBLICALLY TRADED ON A RECOGNIZED STOCK EXCHANGE THE OFFICERS ARE EXEMPT FROM THIS REQUIREMENT.

AN APPOINTMENT IS REQUIRED TO BEGIN THIS APPLICATION PROCESS.

INSTRUCTIONS

PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS

This pre-application packet provides instructions on procedures to apply for a State of Alabama Alcoholic Beverage Control Board (ABC) license. This packet must be completed in its entirety, along with the required supporting documents, and submitted to the ABC Enforcement district office that services the county where the business is located. **We will not accept an incomplete packet.** All documents, if applicable to your business location, are required for issuance of any retail alcoholic beverage license, tobacco only permit, or ephedrine only permit; however, the applicant may submit items 1 through 9 to begin the application process. Any location that requests a tobacco or an ephedrine only permit may submit Items 1 through 10 to complete the process. If you have questions contact the local ABC Enforcement District agent that services the area where the business is located. Additional documents may be required for certain license types. The documents required for a Special Events or Special Retail license are listed on Page 8. The Special Event /Special Retail application process must be completed and in Montgomery within a minimum of 25 days before the event date.

When we receive your pre-application packet and supporting documents, your information will be entered in the Alabama ABC Board license database. All of the supporting documents will be scanned and electronically saved in a pending file. When this is complete the paper files will be returned to you. The application will be printed for your signature and you will be provided with a copy of this document. It is the applicants responsibility to ensure the application is submitted to the correct local governing body for their vote; furthermore, it is also the applicants responsibility to return the application along with the local governing body vote to us for further processing.

- (1) Complete and submit this entire information packet (*Pages 1 - 9*).
- (2) \$50.00 Filing fee or Transfer fee per license (*Personal/Business Check , Credit Card Only*). No fee is required for a tobacco license.
- (3) Provide a copy of the lease or deed.
- (4) Provide a copy of corporation, LLC, LLP or association's paperwork (*if applicable*). Corporations formed in Alabama must provide the probated document that includes the Book/Instrument Number, Page, Date & County where incorporated. Out of state corporations must provide the Certificate of Authority to do business in Alabama issued by the Secretary of State.
- (5) Provide the State Sales Tax number to include a copy of the Revenue form (*See page 7*).
- (6) Provide a sketch of the premise to include patio area. Sketch is only required when alcohol is consumed on premise. (See page 7).
- (7) Provide a legible color copy (s) of identification of all individuals. Acceptable identification includes a valid state driver license, valid state ID, passport or military ID.
- (8) Provide a current clear color photograph of all individuals. Applicant/ individual present will be photographed.

Any portion of this pre-application packet may be duplicated.

- (9) Provide proof of citizenship. A valid permanent resident card or original naturalization certificate is required on all individuals who were not born in the United States. Proof of citizenship is not required if the individual was born in the United States.
- (10) ABI and FBI background checks are required on everyone who has an interest whether directly or indirectly in the business. The background paperwork and fingerprint cards can be obtained at the local District office listed on Page 1. The individual/ applicant (s) shall be responsible for any fees required to process and receive their background check.
- (11) Provide a copy of the power of attorney paperwork (*if applicable*). Individual will be photographed, and ID will be required.
- (12) Provide liquor liability insurance for a minimum of \$100,000 coverage for all ABC alcohol locations. (See page 9 for additional requirements). See ABC RR 20-X-5-.14
- (a) If you are transferring the ABC license, the applicant/transferee is required at this time to provide the liquor liability insurance certificate.
- (b) The **original** ABC license is required for a transfer of license. When the applicant submits this pre-application packet, both applicant and the current ABC license holder must be present to sign the transfer agreement.
- (c) Transfer note for City of Mobile applicants only: If your business holds a current ABC alcohol license and is located within the corporate limits of the City of Mobile, all taxes must be paid before the alcohol license can be transferred to the new applicant.
- (13) Alcohol license fees required. No fee is required for a tobacco license.

LICENSE PAYMENT: After local governing body approval has been received, license fees will be electronically debited from your personal or business checking account. Visa, Master Card, Discover, or American Express are accepted for credit or debit card payments. We can not accept cash, money orders or cashier's checks for an application.

- (14) Letter of Approval from the local governing body.

Once our office receives the approval letter from the local governing body, the ABC Enforcement agent will verify the application is complete and the documents received are correct. The agent will photograph the premise to be licensed. Additional documentation may be required. **Any false information given may result in your application being denied.** Your application will be submitted electronically to the Licensing Division in Montgomery for approval. Your ABC license will be e-mailed back to the local District office where you applied. Signature and photo ID will be required in order to pick up your new license.

IMPORTANT FACTS ABOUT AN ABC LICENSE

- The Alabama ABC license must be on the premise before you can order from a distributor or sell alcoholic beverages.
- An ABC license is location specific and cannot be moved to any other location without completing a location to location transfer through the ABC Board.
- No alcoholic beverages allowed on the licensed premise except that which is purchased by the ABC licensee and approved for sale within this State.
- The ABC license year runs from October 1st and expires September 30th the following year.
- All ABC licenses regardless when issued are **renewed yearly between June 1st through July 31st only.**
- Any new or transferred ABC license is required to provide a valid e-mail address to receive their license renewal notice.
- All ABC licenses will be renewed online and printed by the licensee.
- Any and all areas of an ABC licensed location is subject to inspection for compliance during their regular business hours by Alabama ABC agents or any other law enforcement agency.
- Any ABC licensed location is enforced according to and must abide by state laws set forth by *Code of Alabama* 1975, Title 28, and ABC Rules and Regulations. The Alabama ABC Board website: www.abc.alabama.gov

PRE-APPLICATION PACKET

Rev. Oct 10

THIS IS NOT AN APPLICATION. YOUR APPLICATION WILL BE TYPED FOR YOUR SIGNATURE. YOUR PRE-APPLICATION INFORMATION WILL BE SUBMITTED ELECTRONICALLY FROM THE INFORMATION YOU PROVIDE BELOW. ONCE YOU HAVE COMPLETED ALL THE INFORMATION NEEDED IN THIS PACKET, GO BACK AND MAKE SURE THAT IT IS CORRECT. **ALL INFORMATION IS REQUIRED FOR ABC LICENSE APPLICATION . ANY FALSE INFORMATION GIVEN TO THE ABC BOARD MAY RESULT IN YOUR APPLICATION BEING DENIED.** AN INCOMPLETE PRE-APPLICATION PACKET WILL NOT BE ACCEPTED. AN APPOINTMENT IS REQUIRED TO BEGIN THIS APPLICATION PROCESS.

ANY PERSON(S) WHO APPLIES FOR AN ALABAMA ABC LICENSE MUST ALSO POSSESS A CURRENT BUSINESS LICENSE AND PROVIDE PROOF OF A CURRENT STATE SALES TAX LICENSE.

IMPORTANT NOTE: IF THE APPLICANT IS A CORPORATION, SOLE PROPRIETOR, PARTNERSHIP, LLC, LLP OR AN ASSOCIATION, ALL DOCUMENTS PROVIDED MUST HAVE THE SAME NAME WHICH WILL INCLUDE YOUR SALES TAX NUMBER, YOUR BUSINESS LICENSE, YOUR LEASE, THE LIQUOR LIABILITY INSURANCE AND THE LETTER OF APPROVAL FROM THE LOCAL GOVERNING BODY.

APPLICATION TYPE: New Application () Transfer Application ()

PREVIOUS LICENSE INFORMATION: Previous License Number: _____
Previous Trade Name: _____
Previous Applicant Name: _____
Previous Applicant Phone Number: _____

ALABAMA SALES TAX NUMBER: _____ (Number must match what is listed as the applicant on the alcohol application)

APPLICANT INFORMATION: LICENSE TYPES:

() BEER	{Off Premise Only}	() WHOLESALE BEER
() BEER	{On or Off Premise}	() WHOLESALE WINE
() WINE	{Off Premise Only}	() WAREHOUSE
() WINE	{On or Off Premise}	() IMPORTER
() LOUNGE	{Includes Beer, Wine & Liquor}	() MANUFACTURER
() RESTAURANT	{Includes Beer, Wine & Liquor}	() BREWPUB
() PACKAGE	{Includes Beer, Wine & Liquor}	() COMMON CARRIER
() TOBACCO		() OTHER
() SPECIAL EVENT/RETAIL	{See Page 8 for requirements}	
() CLUB	{Discuss requirements with an ABC Agent}	

BUSINESS TYPE: () SOLE PROPRIETOR () CORPORATION () LLC
(Check One) () ASSOCIATION () PARTNERSHIP () LLP

TRADE NAME: _____

APPLICANT NAME: _____
The Applicant is the Sole Proprietor, Corporation, Association, LLC, LLP or Partnership

LOCATION ADDRESS: _____
Street Address (Include Suite/Building Number) City Zip Code

MAILING ADDRESS: _____

CONTACT PERSON: _____ CONTACT HOME PHONE: _____

CONTACT BUSINESS PHONE: _____ CONTACT CELL PHONE: _____

LOCATION PHONE: _____ BUSINESS FAX: _____

CONTACT EMAIL ADDRESS: _____ WEB ADDRESS: _____

BUSINESS EMAIL: _____

BUSINESS INFORMATION
(Recorded copy required)

ALABAMA CORPORATIONS: BOOK / INSTRUMENT # _____ PAGE _____
DATE INCORPORATED: _____ COUNTY _____

OUT OF STATE CORPORATIONS (See Page 1 for requirements): DATE INCORPORATED: _____ STATE _____

PARTNERSHIP INFORMATION (Notarized copy required) Partnerships between two (2) or more individuals must submit a partnership agreement.

SOLE PROPRIETOR, MEMBERS, PARTNERS, ASSOCIATES AND OFFICERS INFORMATION BELOW
All members, partners, and officers must be listed or anyone with financial interest.

FULL NAME (First, Middle, Last) _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER LICENSE NUMBER _____ STATE: _____

TITLE (i.e., Owner, President/Member): _____ HOME PHONE: (____) _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
City / County / State / Nation

PRESENT ADDRESS: _____
Street Address (Apt #) City State Zip Code

FULL NAME (First, Middle, Last) _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER LICENSE NUMBER _____ STATE: _____

TITLE (i.e., President/Member): _____ HOME PHONE: (____) _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
City / County / State / Nation

PRESENT ADDRESS: _____
Street Address (Apt #) City State Zip Code

FULL NAME (First, Middle, Last) _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER LICENSE NUMBER _____ STATE: _____

TITLE (i.e., President/Member): _____ HOME PHONE: (____) _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
City / County / State / Nation

PRESENT ADDRESS: _____
Street Address (Apt #) City State Zip Code

FULL NAME (First, Middle, Last) _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER LICENSE NUMBER _____ STATE: _____

TITLE (i.e., President/Member): _____ HOME PHONE: (____) _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
City / County / State / Nation

PRESENT ADDRESS: _____
Street Address (Apt #) City State Zip Code

TOBACCO, EPHEDRA, and DRAFT BEER INFORMATION

Do you sell tobacco products? Y () N ()

Type of Business: () Convenience Store () Grocery () Package Store () Restaurant () Lounge/Private Club () Hotel/Motel
() Tobacco Store () Department/Department Store () Other

Number of tobacco vending machines: _____

Do you sell products containing Ephedrine or Pseudoephedrine (ex. Cold and sinus medicine, weight loss products, etc.)? Y () N ()

Do you sell Draft Beer? Y () N ()

Has the applicant complied with financial responsibility ABC Rules and Regulations 20-X-5-.14 (See page 9)? Y () N ()

Does ABC have any actions pending against the current Licensee? Y () N ()

Has anyone, including the manager or applicant, had a Federal/State permit or license suspended, revoked, or denied? Y () N ()

Has a liquor, wine, malt or brewed license for these premises ever been denied, suspended, or revoked? Y () N ()

Are the applicant (s) named above, the only person (s), in any manner interested in the business sought to be licensed? Y () N ()

Are any applicants, whether individual, member of a partnership or association, or officers and directors of corporation or the corporation itself, in any manner monetarily interested, either directly or indirectly, in the profits of any other class of business regulated under authority of this act?
Y () N ()

Does the applicant own or control, directly or indirectly, hold lien against any real or personal property which is rented, leased or used in the conduct of business by the holder of any vinous, malt, or brewed beverage, or distilled liquors permit or license issued under authority of this act?
Y () N ()

Is the applicant receiving, either directly or indirectly, any loan, credit, money, or the equivalent thereof from or through a subsidiary or affiliate or other licensee, or from any firm, association or corporation operating under or regulated by the authority of this act? Y () N ()

What is the applicant (s) primary source of funding? () Loan () Inheritance () Individual () Business () Other Explanation:

PREMISE TO BE LICENSED

Does the premise have a fully equipped kitchen? Y () N () N/A ()

Does the establishment have restroom facilities? Y () N ()

Is this business used to habitually and principally provide food to the public? Y () N ()

Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? Y () N ()

Will the business be primarily a package store? Y () N () N/A ()

If "YES" What is the package store Sales and Display Square Footage _____ (Must be a minimum of 500 square feet)

Neighborhood investigation waived? Y () N ()

Building seating capacity: _____

Does the licensed premise include a patio area? Y () N ()

Building dimensions Square Footage (feet): _____

License structure: () One Story () Two Story () Single Structure () Multi Story () Motel/Hotel

License covers: () Entire Structure () Top Floor () Bottom Floor () Shopping Center () Other _____

Number of Licenses (ABC Alcohol licenses) in the vicinity? (i.e., Any locations such as a restaurant, lounge, package store or convenience store which sells alcoholic beverages) 0 1 2 3 4 5 6 10 or more Nearest in miles? _____

Nearest School? _____ () Blocks () Miles

Nearest Church? _____ () Blocks () Miles

Nearest Residence? _____ () Blocks () Miles

Is the location within city limits? Y () N () County () If inside the city or Police Jurisdiction, list the city: _____

Has any person (s) with any interest, including the manager, whether as sole applicant, officer, member, or partner been charged (whether convicted or not) of any law violation? Y () N ()

Are there any special restrictions, instructions, and/or conditions for this license? Y () N ()

EXPLANATION OF LAW VIOLATION

List below ALL the court records for **LAW VIOLATIONS TO INCLUDE ARRESTS WHETHER CONVICTED OR NOT**, of each person (s) listed on the ABC alcohol application whether as a Sole Proprietor, Partner, Officer or Member, including Managers. (Do not include traffic offenses **EXCEPT FOR DUI**). **FAILURE TO LIST ALL LAW VIOLATIONS MAY RESULT IN YOUR APPLICATION BEING DENIED.** You may attach additional pages following the format provided below.

NAME _____

VIOLATION _____ VIOLATION DATE: _____

ARRESTING AGENCY: _____ JURISDICTION: _____

DISPOSITION OF CASE (i.e., paid fine, nol pross) _____

NAME _____

VIOLATION _____ VIOLATION DATE: _____

ARRESTING AGENCY: _____ JURISDICTION: _____

DISPOSITION OF CASE (i.e., paid fine, nol pross) _____

NAME _____

VIOLATION _____ VIOLATION DATE: _____

ARRESTING AGENCY: _____ JURISDICTION: _____

DISPOSITION OF CASE (i.e., paid fine, nol pross) _____

PROPERTY OWNERSHIP

IMPORTANT NOTE: If your lease, deed, or contract to purchase the property is not correct, your pre-application will not be accepted and you will need to reschedule your appointment. The copy of the lease, deed or contract to purchase the property must list E911 address.

Does the applicant own the property? Y () N ()

If "Yes" is a copy of the deed present? Y () N ()

If the applicant has a contract to purchase, is a copy of the recorded sales contract present? Y () N ()

Is the applicant leasing the property? Y () N ()

If "Yes" is a copy of the lease agreement present? Y () N ()

Your lease must have a minimum of one (1) year and must include effective date and expiration date.

Name of property owner / Lessor: _____

Phone number of owner / Lessor: () _____ - _____

What is the Lessor primary business? _____

Is the Lessor involved in any way with the alcohol beverage business? Y () N ()

If "Yes" Explain _____

Is there any further interest in, or connection with, the licensee's business by the Lessor? Y () N ()

If "Yes" Explain _____

PERSON COMPLETING THE APPLICATION

Is the person completing the application the applicant? Y () N ()

Is the Power of attorney attached? Y () N ()

Who is the person completing the application? _____

Driver's License / I.D. Card Number _____ Driver's License / I.D. Card State _____

SALES TAX LICENSE INFORMATION

The applicant must provide a copy of their Alabama sales tax account number.

State of Alabama Revenue Department

Sample

SALES TAX LICENSE

State of Alabama

Alabama Department of Revenue

ISSUED TO:

<LEGAL NAME>
<DBA NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP>

Legal name will be the Same as Applicant Name on our application

DBA Name will be the same as Trade Name on our application

ACCOUNT TYPE	ACCOUNT NUMBER	EFFECTIVE DATE
SLS	R000000000	xx/xx/xx

TO ENGAGE IN BUSINESS FOR WHICH TAX IS IMPOSED BY SECTIONS 40-23-1/39 CODE OF ALABAMA 1975, AS AMENDED. SALES TAX LAW

NON-TRANSFERABLE

THIS ACCOUNT ISSUED TO PERSON OR BUSINESS WHOSE NAME APPEARS ABOVE IS NOT TRANSFERABLE.

NAICS CODE: 00000

STATE OF ALABAMA
DEPARTMENT OF REVENUE
Cynthia Anderson
Assistant Commissioner

Important Note

ALABAMA DEPARTMENT OF REVENUE
P.O. BOX 327900
MONTGOMERY, AL 36132-7900

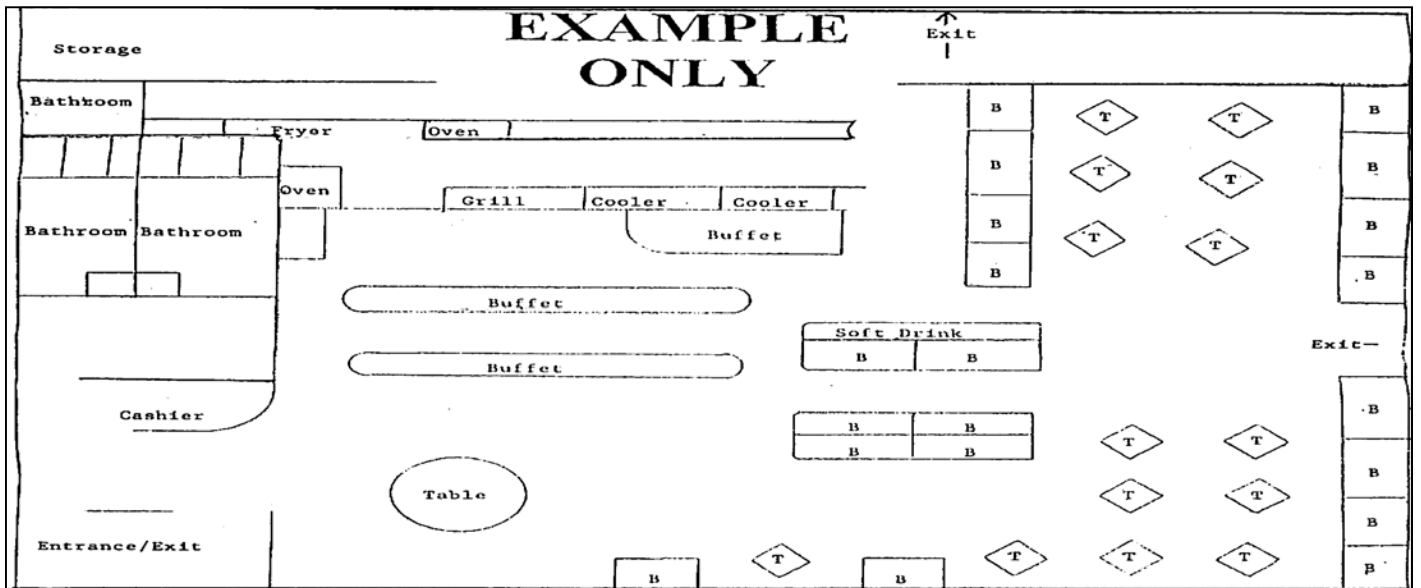
Provider Code 4400

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
MONTGOMERY
ALABAMA
Permit No. 109

<LEGAL NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP>

SAMPLE SKETCH FOR ON-PREMISE LOCATIONS

Sketch size must be letter or legal size.



If the business to be licensed has a patio, you must include the patio area on your sketch.

FOR SPECIAL EVENTS & SPECIAL RETAIL LICENSE ONLY

IMPORTANT: A Special Event/Special Retail application must be filed, completed and in Montgomery within a minimum of 25 days before the Event date.

(Items Required)

- ____ 1. Pre-application Packet *(Must be completely filled out)*
- ____ 2. Filing Fee (\$50.00) per license. *E-Check—(Personal or Business check) or Credit/Debit Card Only.
- ____ 3. Copy of Lease/Deed/Property use Agreement *(See page 6)*. Lease must include the date of Special Event.
- ____ 4. Copy of Corporate Paperwork (Paperwork must have the recorded Book, Page, Date & County. If the corporation was formed outside the State you must include the Certificate of Authority to do business in Alabama issued by the Secretary of State.)
- ____ 5. Provide the State Sales Tax number to include a copy of the Revenue form *(See page 7)*.
- ____ 6. Sketch of Premise (On-premise alcohol consumption only) barricaded areas, city park, parking lot, etc. *(See page 7)*
- ____ 7. Identification *(A clear & legible color copy of photo ID is required for all individuals)*. Acceptable identification includes a valid state driver license, valid state ID, passport or military ID.
- ____ 8. Proof of Citizenship (Permanent Resident Card or original Certificate of Naturalization). Proof of citizenship is not required if the individual was born in the United States.
- ____ 9. Provide a current clear color photograph of all individuals. Applicant/ individual present will be photographed.
- ____ 10. Provide both FBI & ABI criminal background checks on all individuals.
- ____ 11. Certificate of Liquor Liability insurance with at least \$100,000 worth of coverage (See requirements on page 9).
Insurance certificate must also include time, date and location of the Special Event.
- ____ 12. License Fee *E-Check—(Personal or Business check) or Credit Card Only
- ____ 13. Letter of Approval from the governing municipality (City or County)

- () 140—Special Events Retail License (Not to Exceed 7 Days) Event Start Date: _____ End Date: _____
- () 150—Special Retail License—Thirty (30) Days or Less Event Start Date: _____ End Date: _____
- () 160—Special Retail—More Than Thirty Days (30) Days
- () State Park () Racing Commission () Fair Authority () Civic Center () Franchisee or Concessionaire of Above
- () Other Valid Responsible Organization

**SPECIAL TERMS AND CONDITIONS
FOR SPECIAL RETAIL LICENSES/SPECIAL EVENTS RETAIL LICENSES**

**NO CONTAINERS LARGER THAN 16 OZ. TO BE SERVED AT THE SPECIAL EVENT.
NO ALCOHOL IS TO LEAVE THE EVENT AREA.**

1. Description of Special Event location (Tent, City Park, Parking Lot, etc.) _____

2. List the type of alcoholic beverages to be sold at the licensed location (Beer , Wine, or Liquor) _____

3. Specify alcohol amount/container to be served or dispensed (12 or 16 ounce cans, paper/plastic cups, etc.) _____

20-X-5-.14 REQUIREMENT OF FINANCIAL RESPONSIBILITY BY LICENSEES (Alcohol Only)

(1) All retail licensees of the ABC Board shall maintain, at all times, liquor liability (dram shop) insurance described below and shall comply with the following conditions of requirements of Financial Responsibility.

(a) Prior to the issuance or renewal of any retail alcoholic beverage license, each applicant must provide the ABC Board with sufficient information that it has liquor liability (dram shop) insurance coverage in the amount of at least one hundred thousand dollars (\$100,000.00) per occurrence, exclusive of, and separate from, any attorney fees or other costs incurred in the defense of any claim asserted against the insured.


(b) This information may be provided as follows:

1. A certificate of liability insurance from a reputable insurance company showing that the applicant has liquor liability (dram shop) insurance of at least one hundred thousand dollars (\$100,000.00) for each occurrence, that the certificate is for liability coverage only exclusive of, and separate from, any attorney fees or other costs incurred in the defense of any claim asserted against the insured and that coverage is valid for the license year for which the application is being submitted; or

2. Other method as may be required by the ABC Board.....

Additional Alabama ABC Rules and Regulations may be viewed online: www.abc.alabama.gov

IMPORTANT NOTE: The Applicant is the sole proprietor, partners, corporation, LLC, LLP, or association.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)	
PRODUCER Name of Insurance Company Address City, State, Zip Code Telephone & Fax Number				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Applicant Name dba Trade Name (Business Name) Physical Address of the Business City, State Zip Code				INSURERS AFFORDING COVERAGE INSURER A: Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:		NAIC # 	
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
					PRODUCTS - COMPIOP AGG	\$	
A OTHER Liquor Liability FI-00000 MM/DD/YY MM/DD/YY \$100,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS <div style="text-align: center; font-size: 2em; color: red; font-weight: bold;">Example Only</div>							
CERTIFICATE HOLDER Alabama ABC Board Enforcement Division P O Box 281 Theodore, AL 36590				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 			
ACORD 25				MMG		© ACORD CORPORATION 1988	

A Special Events License must include the location and dates of the event on the certificate.